



**STATE OF TENNESSEE
DEPARTMENT OF FINANCIAL INSTITUTIONS**

414 Union Street, Suite 1000
Nashville, Tennessee 37219
(615) 741-2236 (fax) (615) 532-1018

**CRIMINAL HISTORY RECORDS CHECK AUTHORIZATION AND
CERTIFICATION OF FINGERPRINTING**

I, the undersigned, hereby authorize the Tennessee Department of Financial Institutions through the Tennessee Bureau of Investigation (TBI) and/or the Federal Bureau of Investigation (FBI) to conduct a fingerprint criminal history records check in connection with an application for licensure or registration under the Tennessee Residential Lending, Brokerage and Servicing Act of 1988. Further, I hereby certify that my fingerprints were taken by the law enforcement official or at the Cogent Systems fingerprinting location listed below, and I understand that the Tennessee Department of Financial Institutions cannot provide a hard copy of results of the TBI/FBI criminal history records check to me. **Print/type legibly:**

Last Name	First Name	Middle Name	Maiden Name

Signature	Date	Date of Birth

Name of Employing or Affiliated Mortgage Lender, Broker, or Servicer

Fingerprint Certification/Law Enforcement Agency Verification

Date Fingerprinted (**IMPORTANT**): _____

Agency Name or write "Cogent Systems Location": _____

Address Where Printed: _____

Agency Telephone: () _____ Ext: _____

Indicate type of I.D. (Agency only): _____

Print Name/Title of Agency Official: _____

Signature of Agency Official: _____